



CALL-UP: NEW STATEWIDE CHILD PSYCHIATRY ACCESS PROGRAM

RACHEL WEIR, M.D.
JULY 17TH, 2020

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RACHEL WEIR, M.D.

- Child, Adolescent, and Adult Psychiatrist at U Health
- Career long interest in mental health access, mental health integration, and innovation in psychiatry
- Program Director for the Psychiatry resident Mental Health Integration rotation in the University Community Clinics
- Founded the UNI Consult clinic, Physician at UNI Same day clinic
- Co-founder of CALL-UP
- rachel.weir@hsc.utah.edu

• No disclosures

THANKS!

- Katie Paynter- CALL-UP Project Facilitator
- Jeremy Kendrick, M.D. and Kristi Kleinschmit, M.D.– co-founders CALL-UP
- Kara Applegate, M.D.– child psychiatry fellow
- Utah Legislature and Utah Dept. of Human Services

OUTLINE

- Review MH data demonstrating need for innovative MH programs
- Review history of other psychiatric phone consultation programs nationally
- Review development of Utah CALL-UP program, survey data, and early utilization data



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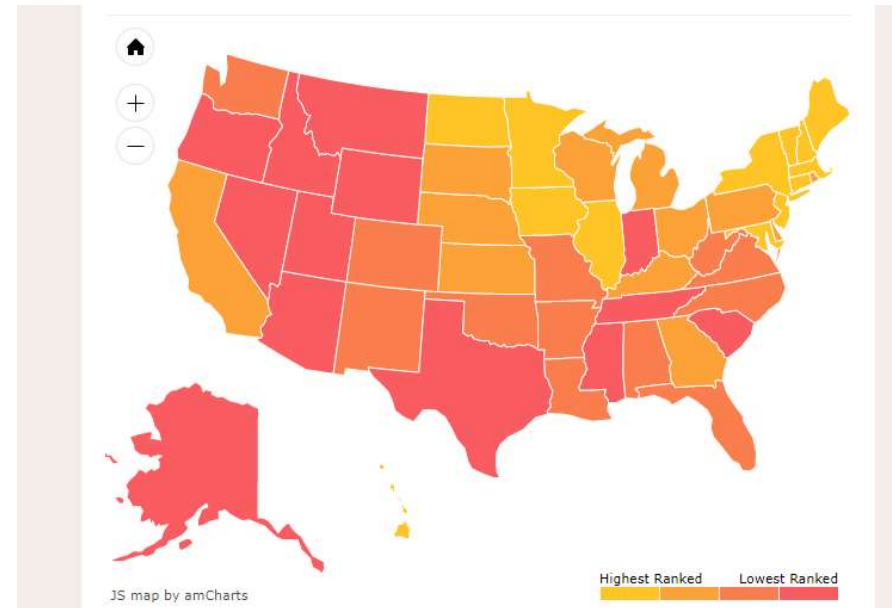
Mental Health needs in Utah



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MENTAL HEALTH IN AMERICA 2019 REPORT

- Utah was ranked **44th overall** (higher prevalence of mental illness and lower rates of access to care).
 - Youth overall ranking was 40 out of 51 states



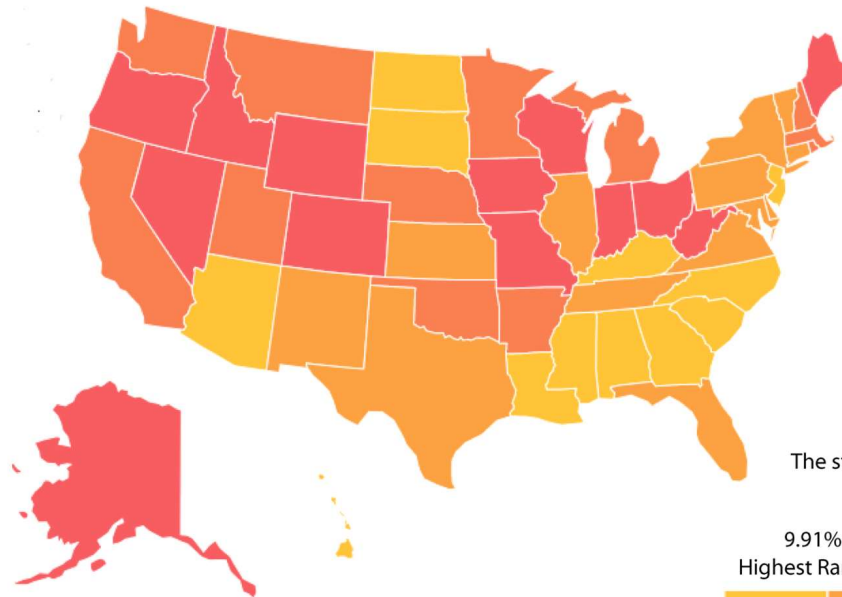
39	Arizona
40	Montana
41	South Carolina
42	Indiana
43	Texas
44	Utah
45	Tennessee
46	Wyoming
47	Alaska
48	Mississippi
49	Oregon
50	Idaho
51	Nevada

MENTAL HEALTH AMERICA, 2019 REPORT

34	Oklahoma	13.53	43,000
35	Montana	13.56	10,000
36	Massachusetts	13.72	67,000
37	Rhode Island	13.72	10,000
38	Utah	13.81	41,000
39	West Virginia	13.90	18,000
40	Ohio	13.98	127,000
41	Iowa	14.09	34,000
42	Maine	14.25	13,000
43	Missouri	14.28	67,000

Youth Prevalence of Mental Illness

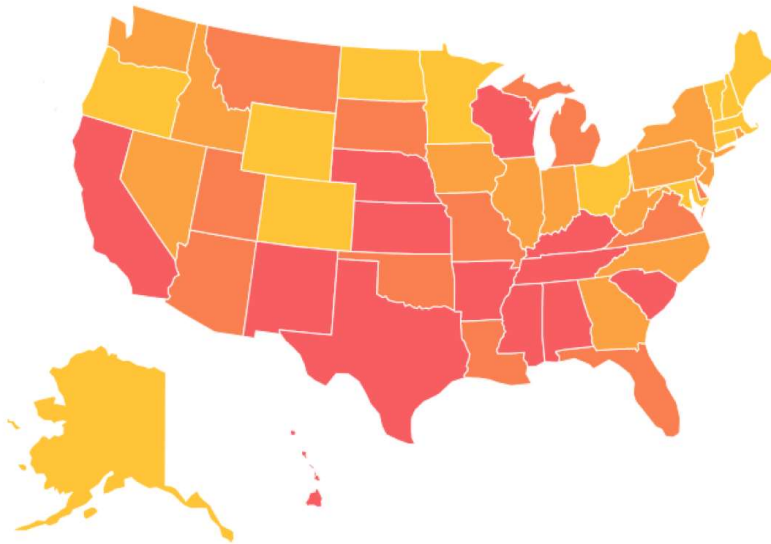
Youth with At Least One Major Depressive Episode (MDE) in the Past Year



MENTAL HEALTH AMERICA, 2019 REPORT

Youth Access to Care

Youth with MDE who Did Not Receive Mental Health Services



61.5% of youth with major depression do not receive any mental health treatment.

Youth experiencing MDE continue to go untreated. Among the top ranked states almost 50% of youth are not receiving the mental health services they need.

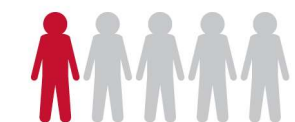
The state prevalence of untreated youth with depression ranges from:



32	Montana	63.3	5,000
33	Louisiana	63.4	21,000
34	South Dakota	63.4	4,000
35	Utah	63.8	21,000
36	Arizona	64.0	39,000
37	Michigan	64.3	61,000
38	Missouri	64.6	32,000
39	California	65.1	243,000

GARDNER INSTITUTE MENTAL HEALTH REPORT, 2019

Figure 1: The Demand for Mental Health Care in Utah: Key Statistics



Close to one in five adults experience poor mental health.

Suicide

is the leading cause of death for Utahns ages 10 to 24.

Over

100,000

adults in Utah experience Serious Mental Illness (SMI).

66

Utahns sustain a Traumatic Brain Injury **every day**, which increases risk for mental health issues.

Veteran suicides

account for **13%** of all suicides in Utah.

Almost

40%

of Utah's depressed youth age 12–17 did not receive treatment for depression.

Over half of Utah adults with mental illness did not receive mental health treatment or counseling.



About

15%

of new mothers experience postpartum depression symptoms.



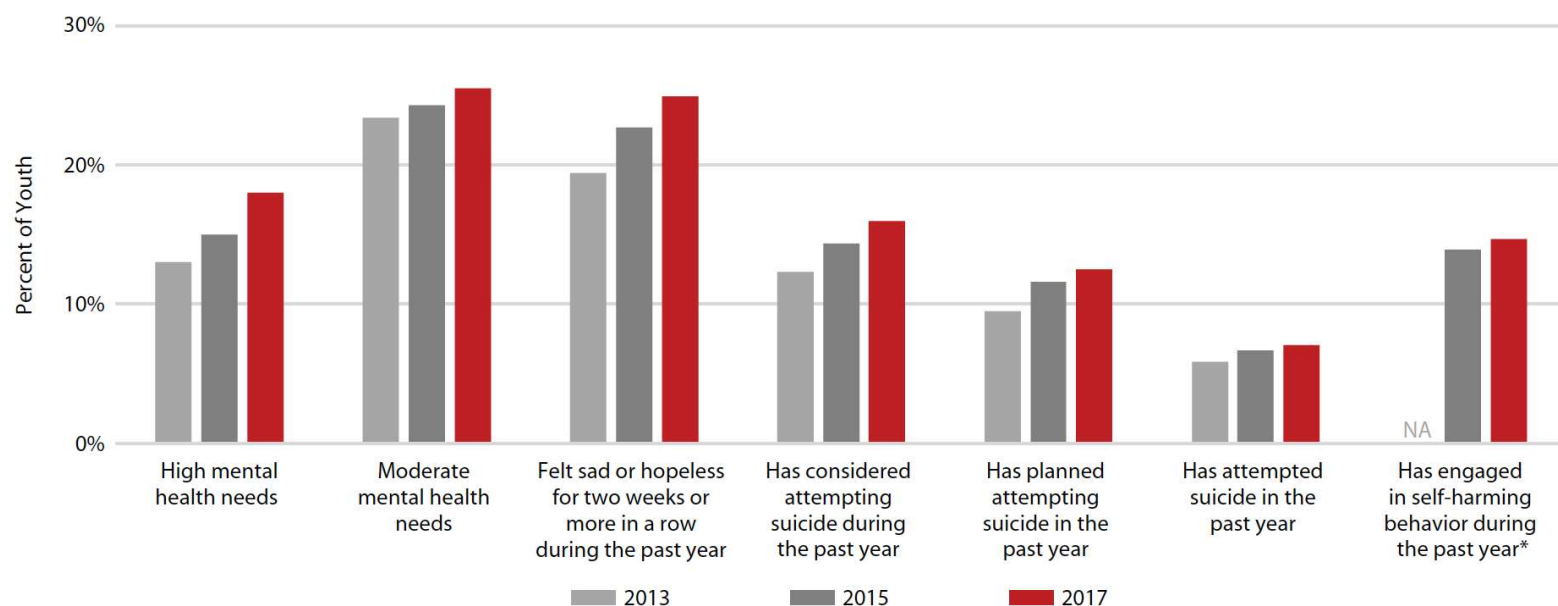
The percent increases to

21%

for low-income mothers.

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Figure 3: Utah Youth Mental Health and Suicide Indicators, 2013–2017



Note: Combined data for Grades 6, 8, 10, and 12.

Source: 2017 Prevention Needs Assessment Survey results. State of Utah Department of Human Services. Division of Substance Abuse and Mental Health.



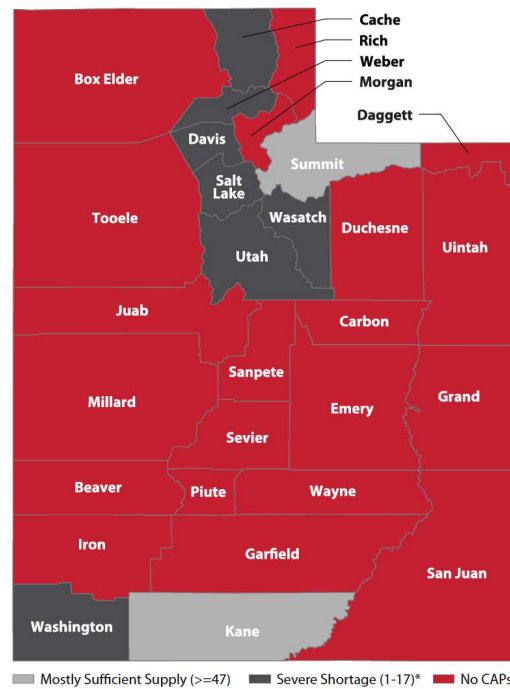
Why Primary Care?



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Figure 5: Practicing Child and Adolescent Psychiatrists (CAP) Ratios by County, 2016



*Ratio is per 100,000 children (below age 18).
Source: Workforce Maps by State. American Academy of Child & Adolescent Psychiatry.

AACAP.ORG

SUICIDE PREVENTION IN PRIMARY CARE

- Often first point of contact for individuals with MH problems
- **45%** of individuals who complete suicide have seen their primary care provider (PCP) in the past one month
- Treatment of depression reduces suicide rates

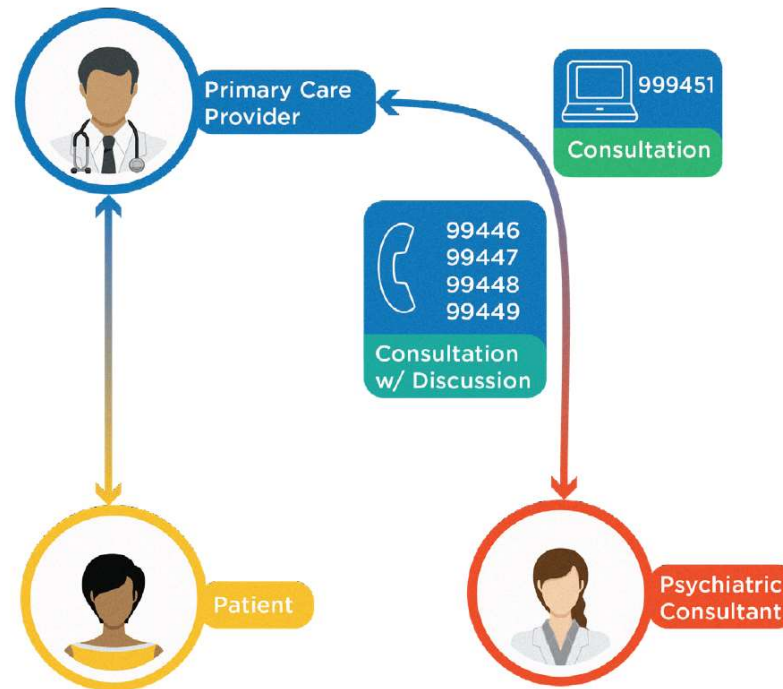
WHAT PHONE CONSULTATION PROGRAMS ARE....

- Long term population health intervention
- Designed to support the busy PCP in the medical home model
- Reduces lag time to treatment (less time waiting for specialty care appt.)
- Helps triage services to ensure pts referred to specialty care require that level of service

WHAT PHONE CONSULTATION PROGRAMS ARE NOT....

- These are access programs, ***not treatment or direct patient care***
- They are not not meant to replace traditional mental health care
 - Programs do not request that PCPs manage psychiatrically complex children
- They are not a “fast track” to a psychiatric visit

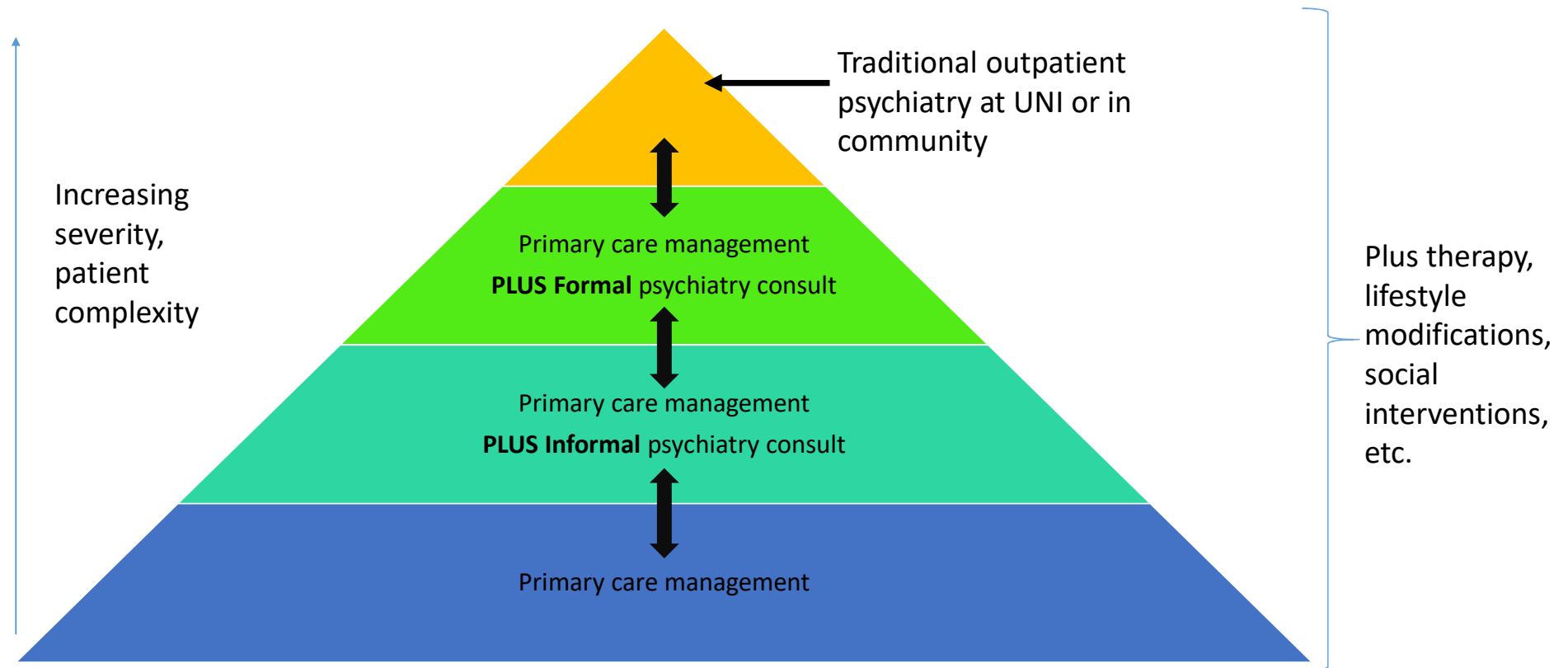
BILLING



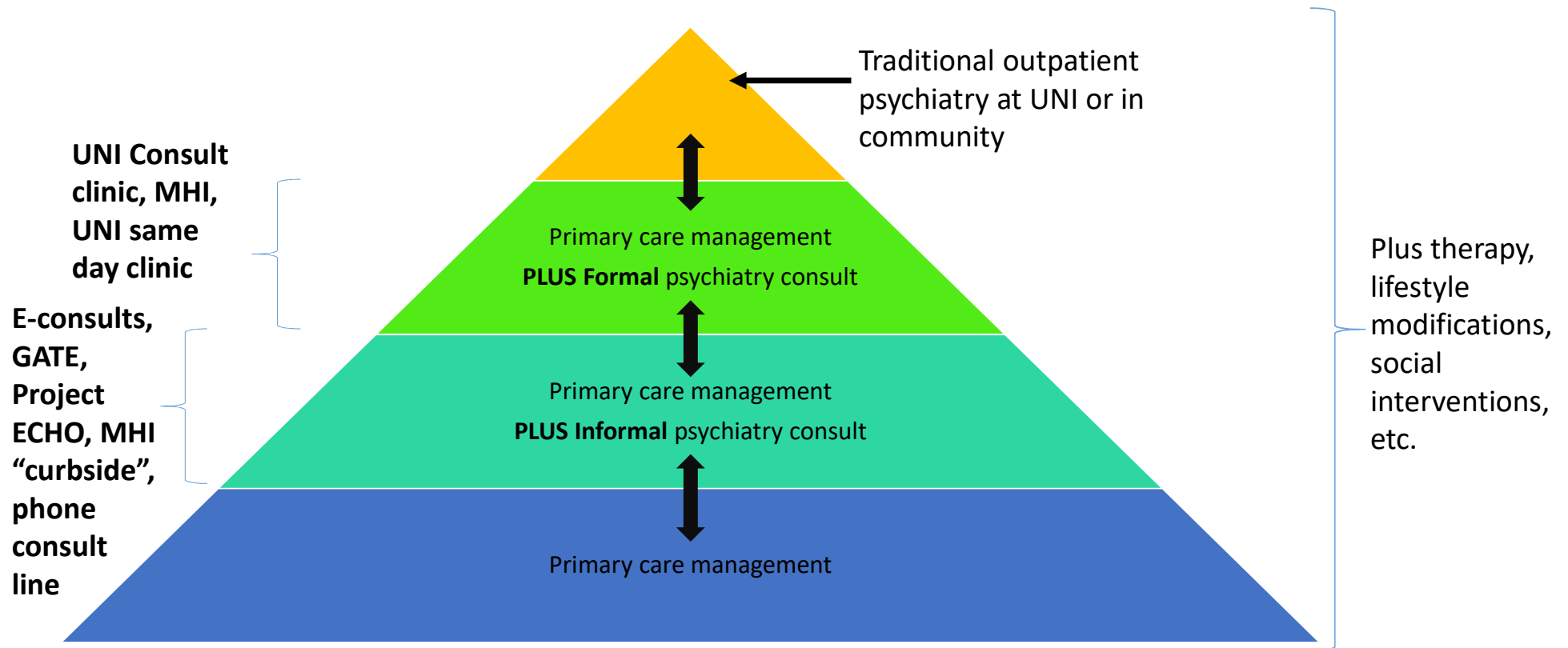
Billing for the treating/requesting PCP

99452 is to be used by the PCP requesting the consult if 16-30 min of time is used preparing the referral and/or communicating with the psychiatric consultant. Cannot be reported more than once in a 14-day period per patient. You can use the prolonged services codes (face-to-face - 99354, 99355, 99356 or non-face-to-face - 99358, 99359) if the time exceeds 30 minutes (standard coding guidelines apply).

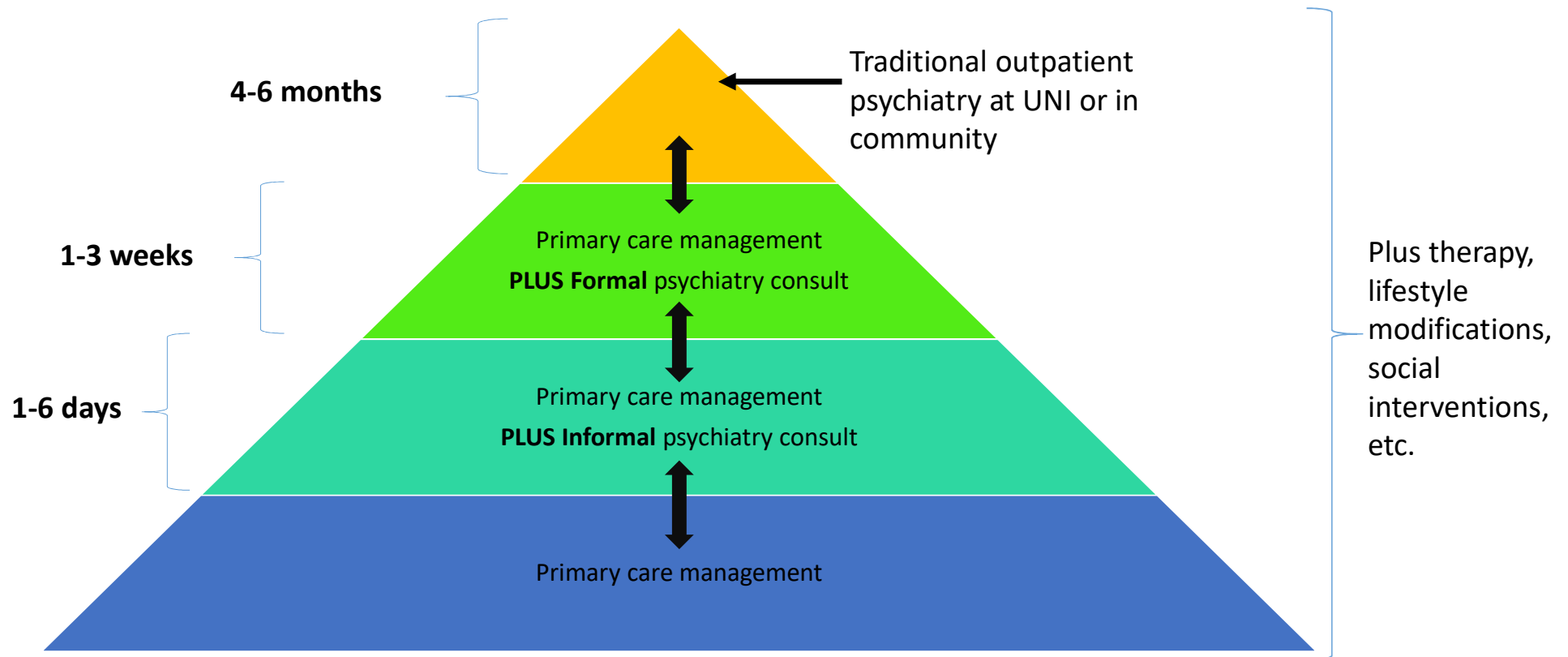
Continuum of outpatient mental health services



Continuum of outpatient mental health services



Average wait times





History of Child Psychiatry Phone Consultation programs

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MCPAP– MASSACHUSETTS PHONE LINE

- Began as a pilot program in 2003
- Department of Mental Health implemented the program statewide in 2004

MCPAP

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MCPAP

Massachusetts Child Psychiatry Access Program



[ABOUT MCPAP](#) [FOR PROVIDERS](#) [REGIONAL TEAMS](#) [BEHAVIORAL HEALTH PROGRAMS](#) [FOR FAMILIES](#)

Connecting Primary Care with Child Psychiatry

MCPAP
About MCPAP



PLAY VIDEO »

FOR PROVIDERS ONLY
Enroll In MCPAP



ENROLL NOW »

MCPAP
Diagnostic Resources



USE NOW »

SWYC Version
Includes PPD Screen



ACCESS TOOL HERE »

MCPAP

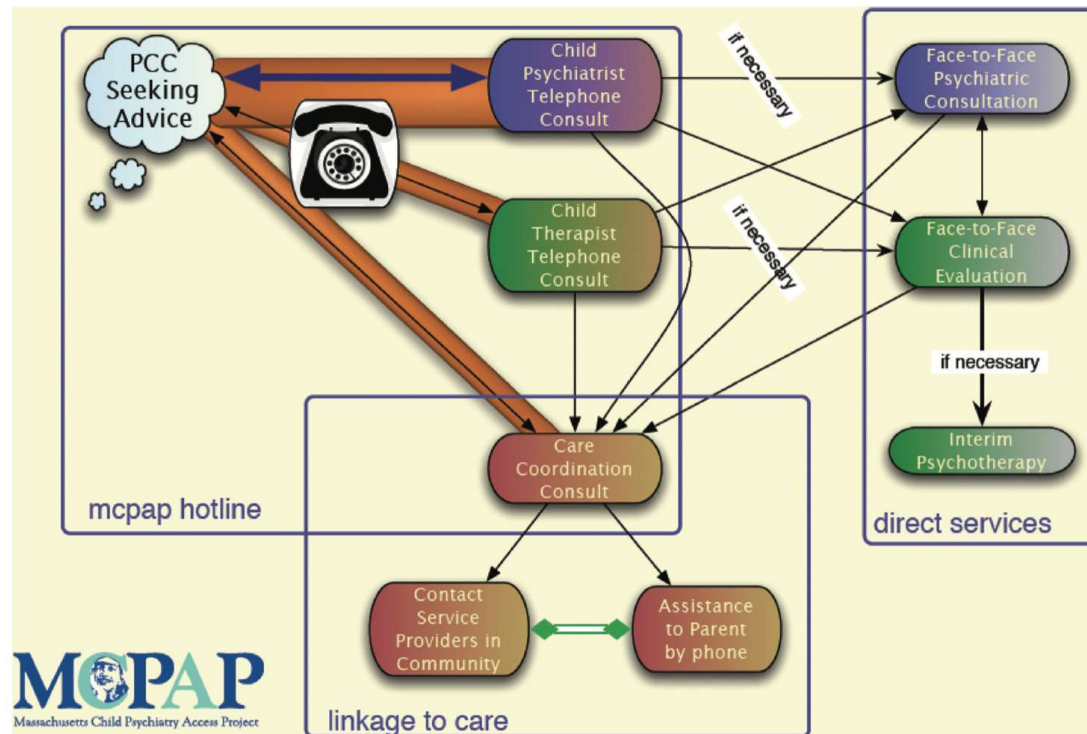


FIGURE 1
MCPAP clinical process algorithm.

MCPAP RESULTS– PEDIATRICS, 2010

- Collected data 2005-2008:
 - PCPs call with: diagnostic questions (34%), identifying community resources (27%), consultation regarding medication (27%)
 - Have enrolled pediatricians serving 95% of the children in the state
 - > 75% call the line at least quarterly
 - Have served 10,114 children in the state

MCPAP RESULTS– PEDIATRICS, 2010

- 2003:
 - **5%** of PCPs agreed there was adequate access to child psychiatrists
 - **8%** of PCPs agreed they could meet the MH needs of their patients
- 2008:
 - Increased to **33%**
 - Increased to **63%**
 - More than 90% of PCPs found consultations useful

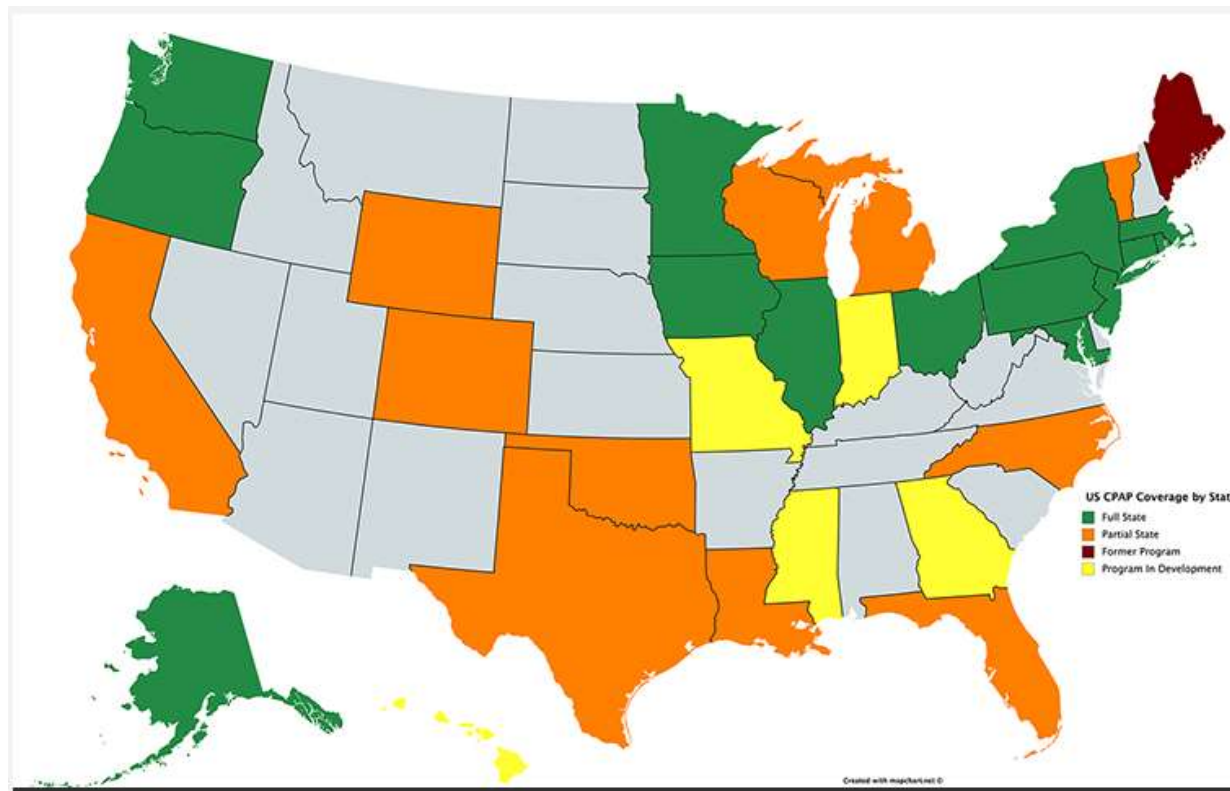
NNCPAP— FORMED IN 2011

NNCPAP

National Network of Child Psychiatry Access Programs



NNCPAP MAP



NNCPAP RESULTS - 2019

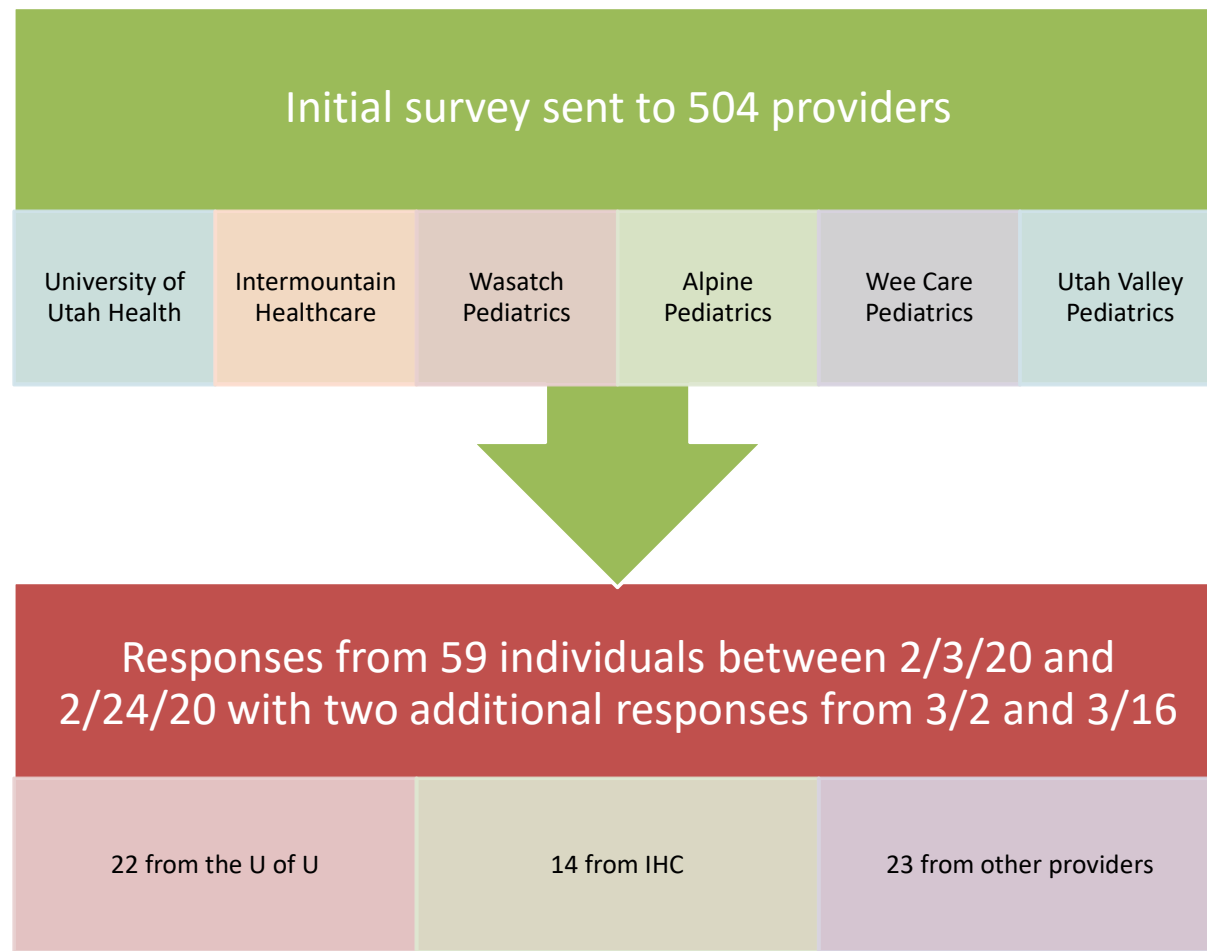
- 2003:
 - 8.4% of children received MH tx.
- 2016:
 - 11.4% of children received MH tx.
 - **12.3%** if full state program
 - **10.9%** if partial state program
 - **9.5%** if no state program



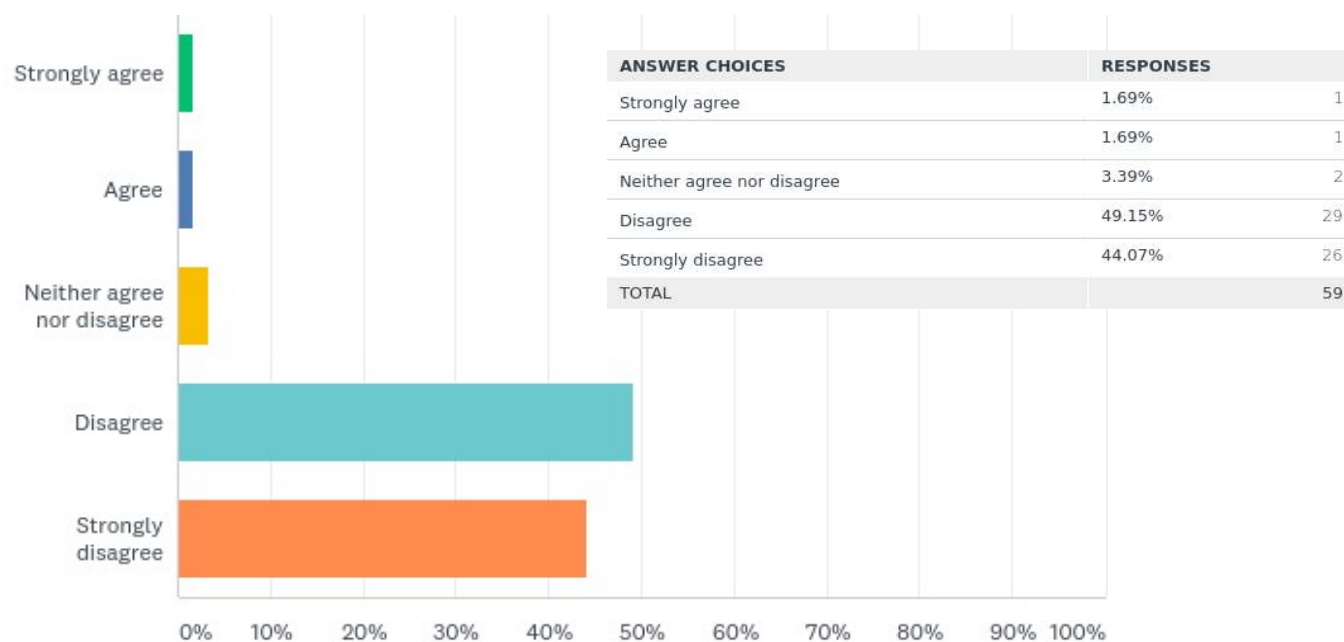
Baseline Survey Data



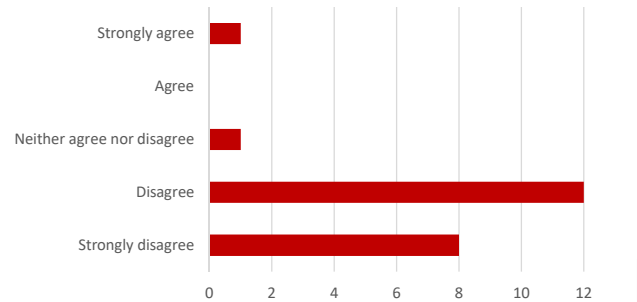
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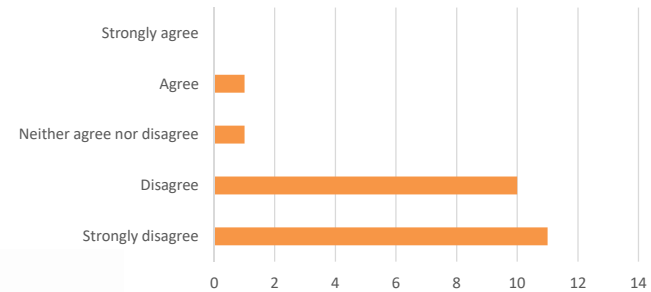
Q1: THERE IS CURRENTLY ADEQUATE ACCESS TO CHILD PSYCHIATRY RESOURCES FOR MY PATIENTS.



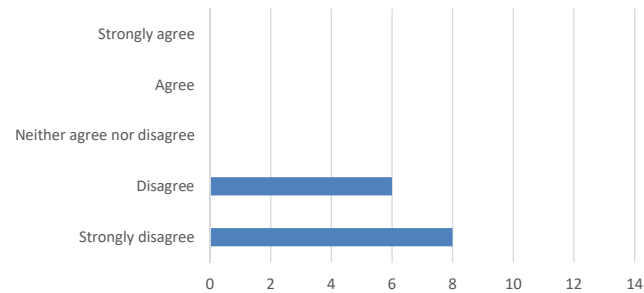
There is currently adequate access to child psychiatry resources for my patients.



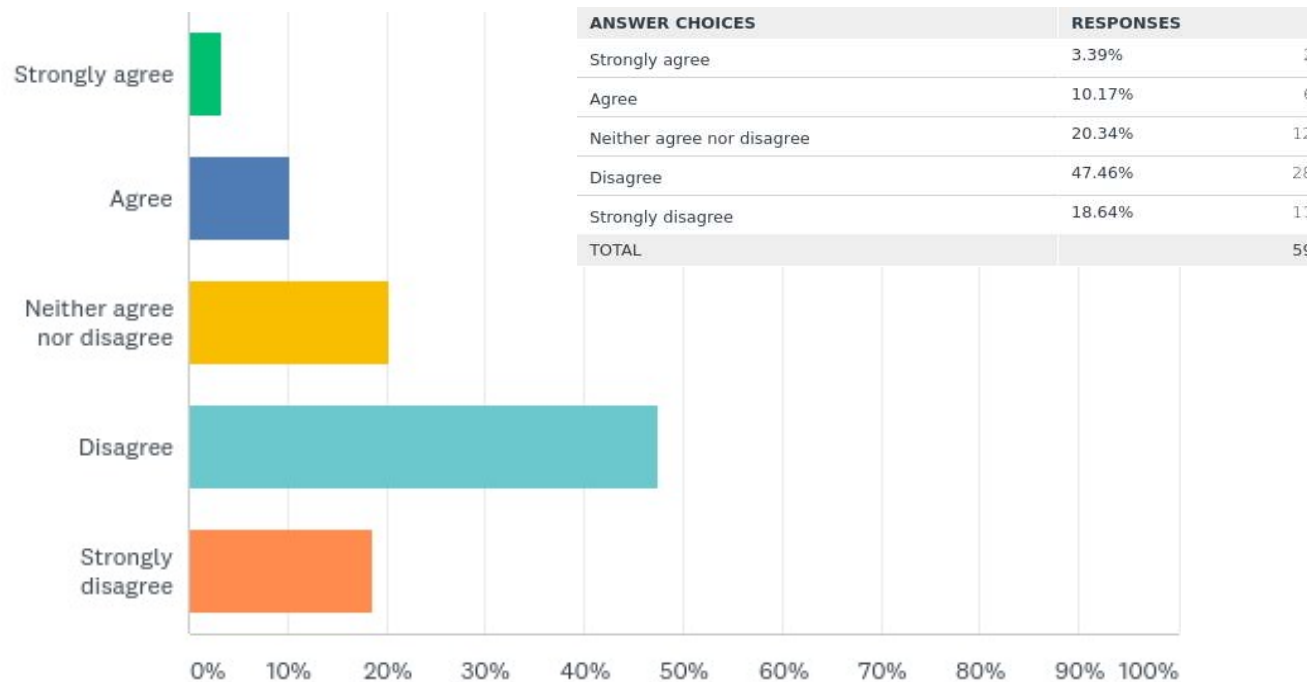
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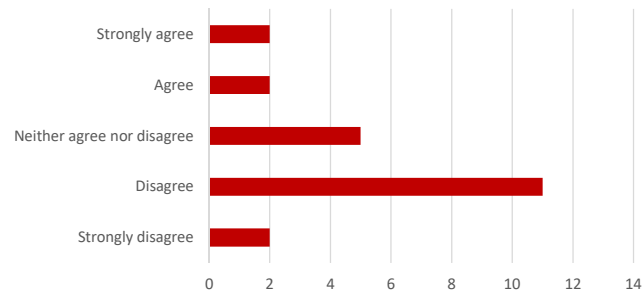
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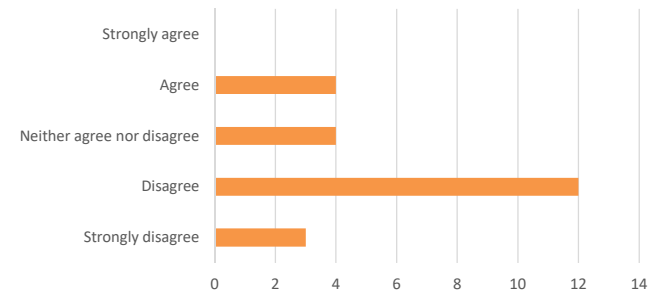
Q2: WITH EXISTING RESOURCES I AM USUALLY ABLE TO MEET THE NEEDS OF CHILDREN WITH PSYCHIATRIC PROBLEMS.



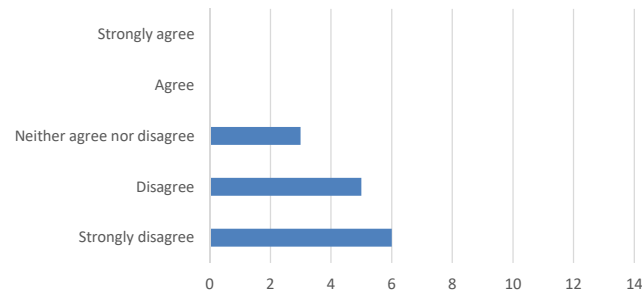
With existing resources I am usually able to meet the needs of children with psychiatric problems.



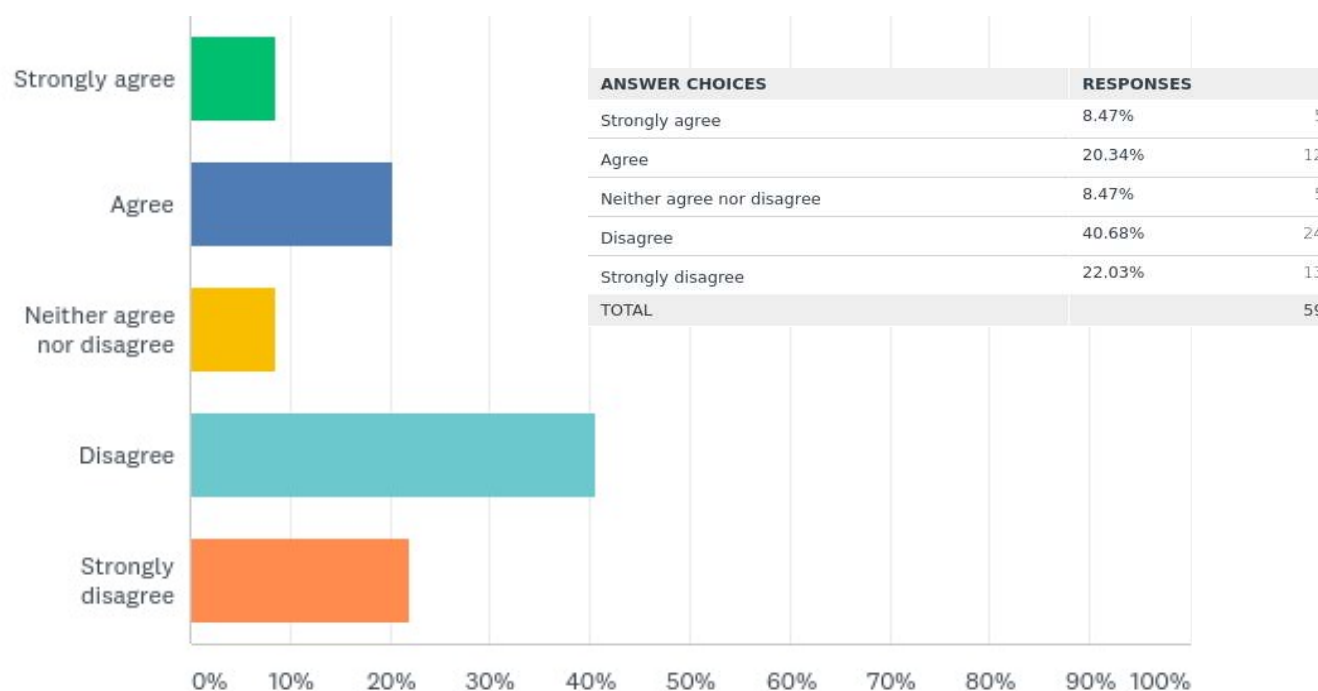
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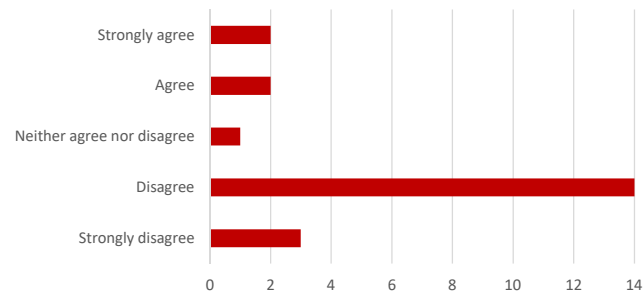
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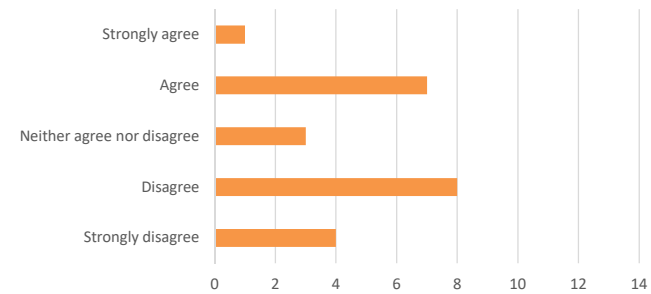
Q3: I AM CURRENTLY ABLE TO CONSULT WITH A CHILD PSYCHIATRIST IN A TIMELY MANNER IF NEEDED.



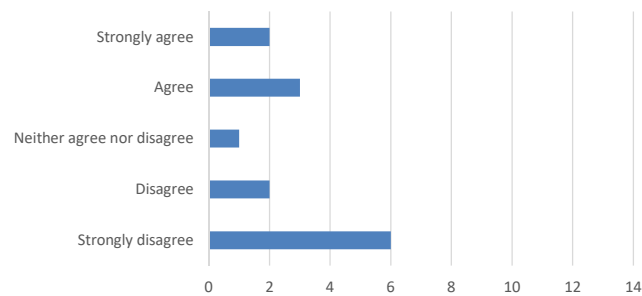
I am currently able to consult with a child psychiatrist in a timely manner if needed.



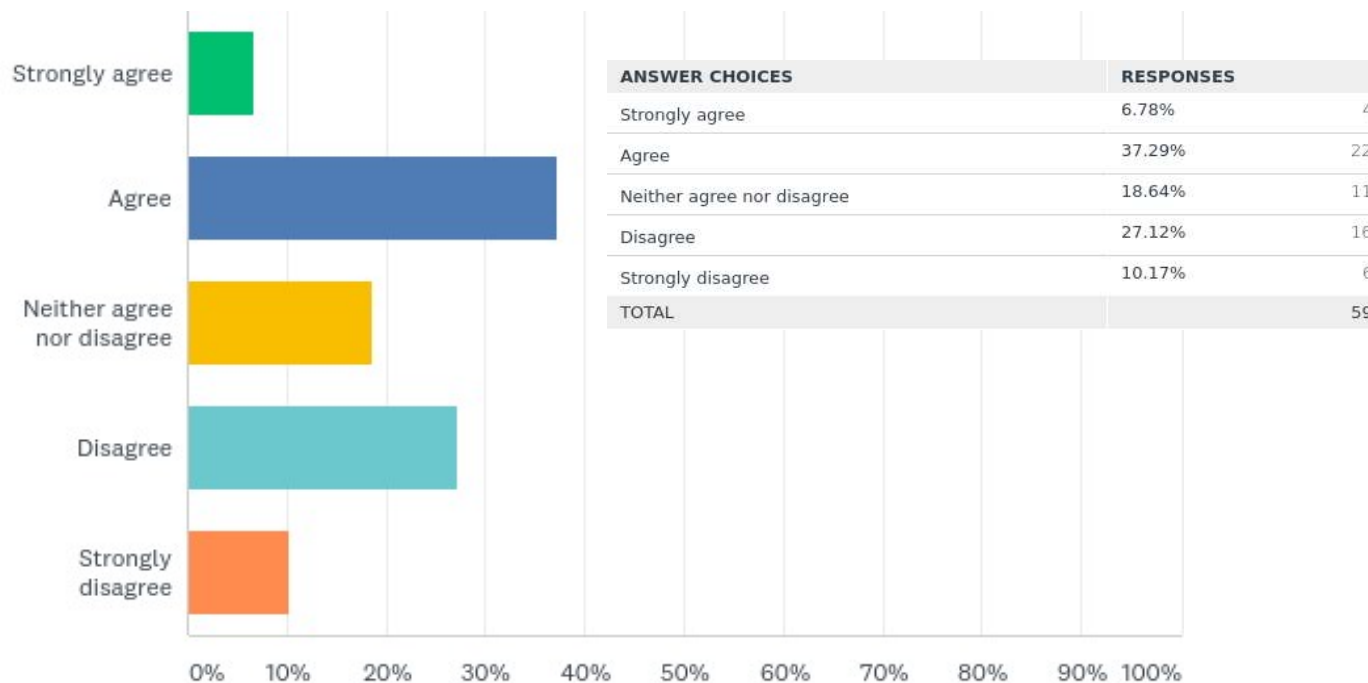
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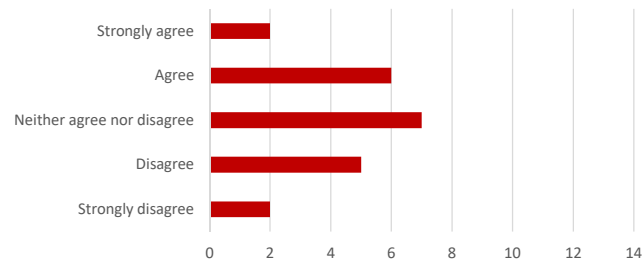
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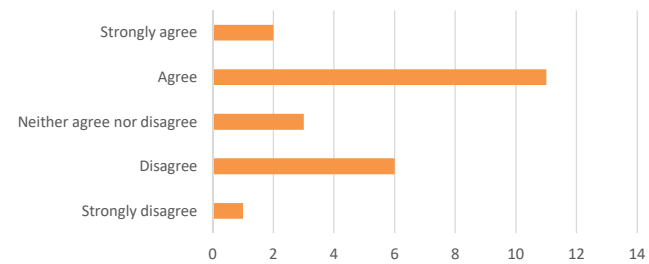
Q4: I FEEL COMFORTABLE MAKING REFERRALS FOR THERAPY AND FINDING APPROPRIATE PROVIDERS FOR MY PATIENTS.



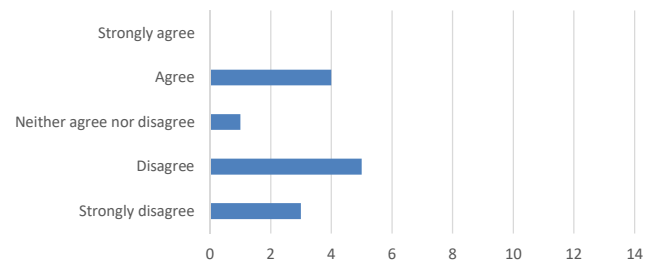
I feel comfortable making referrals for therapy
and finding appropriate providers for my
patients.



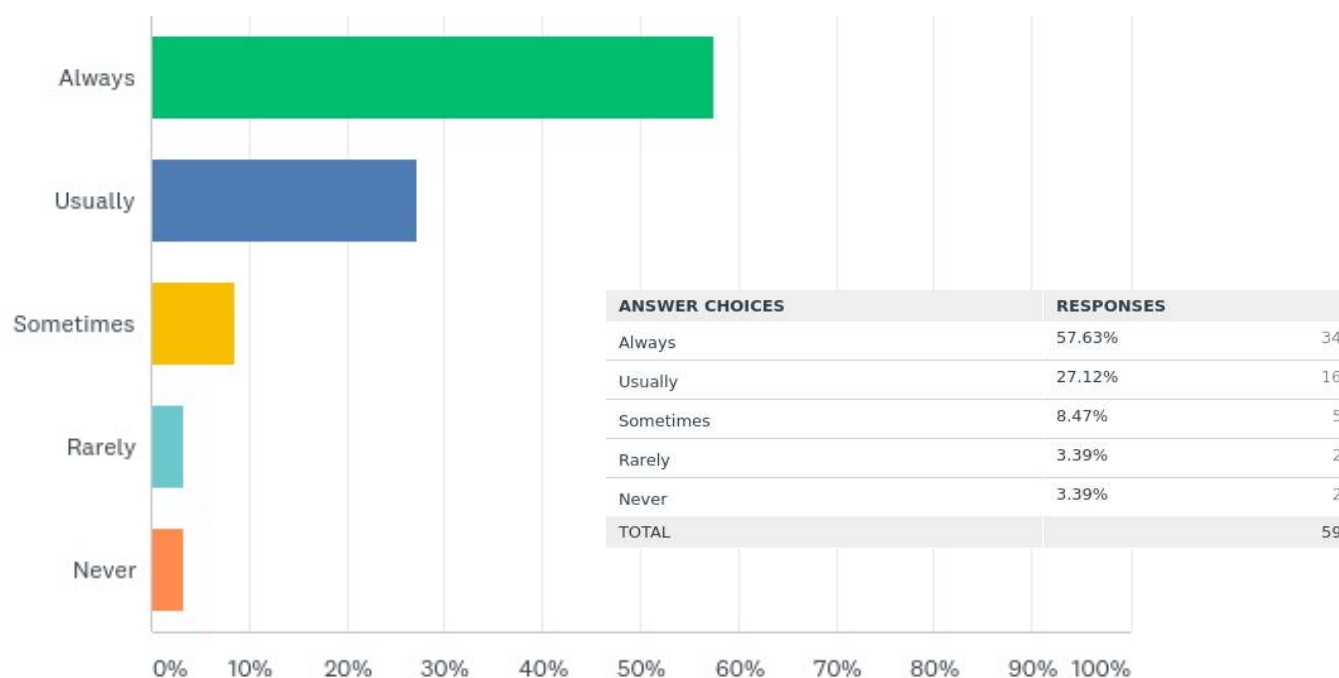
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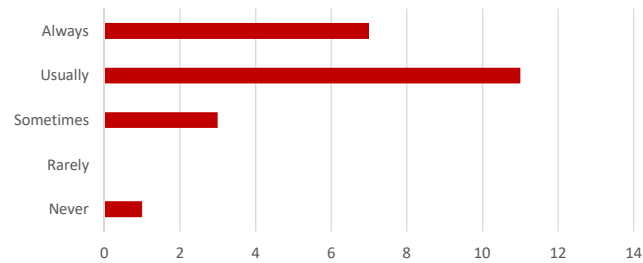
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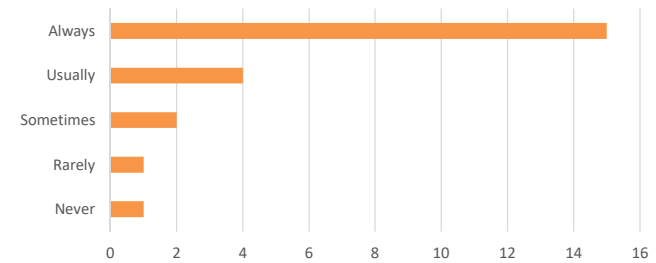
Q5: FOR ALL OF MY PATIENTS 12 AND OLDER, I USE A VALIDATED SCREENING TOOL TO SCREEN FOR DEPRESSION AT LEAST ONCE YEARLY.



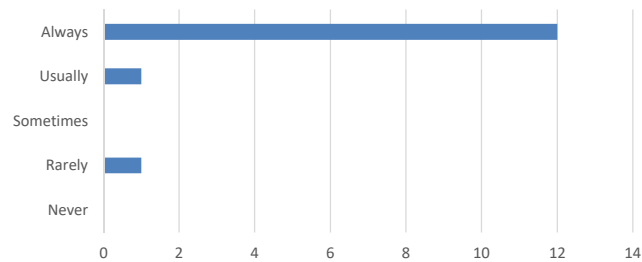
For all of my patients 12 and older, I use a validated screening tool to screen for depression at least once yearly.



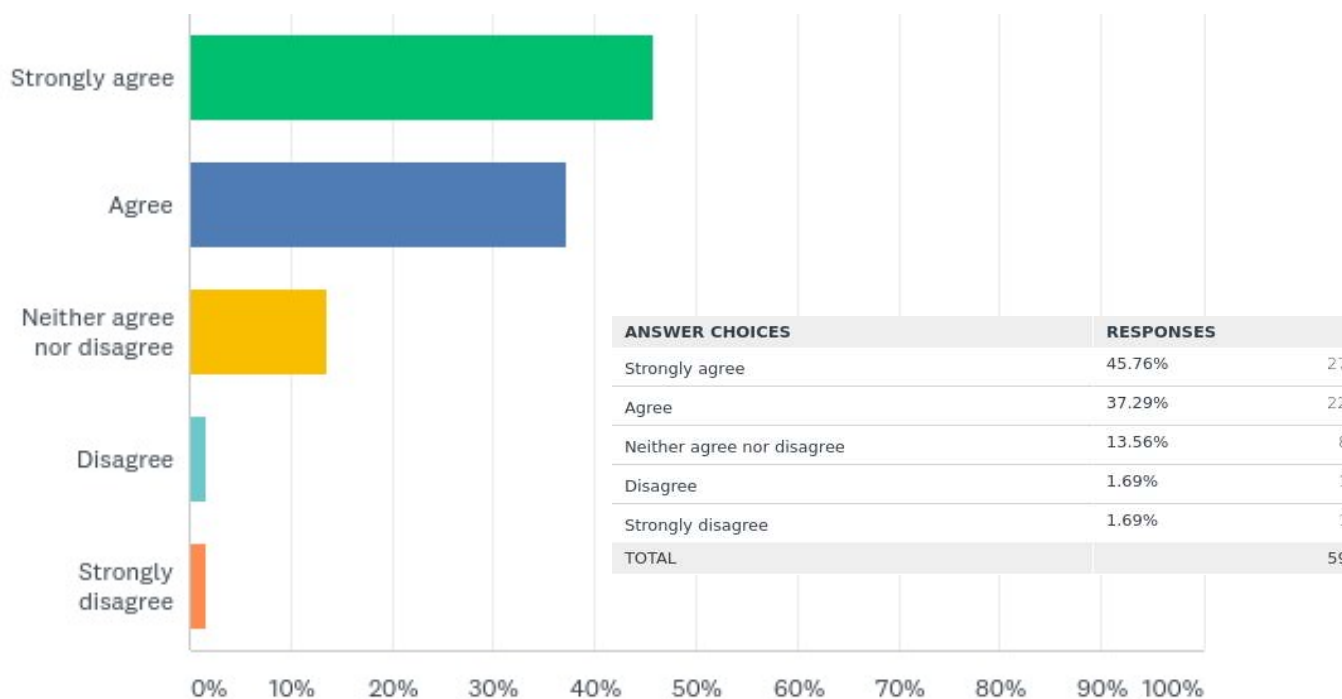
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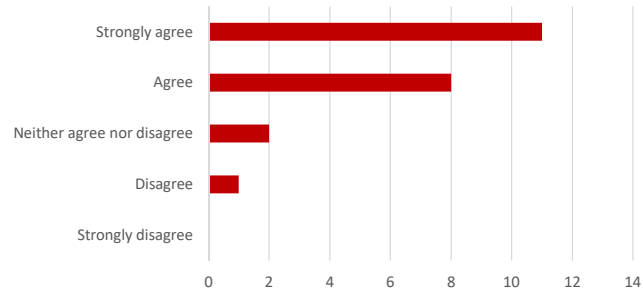
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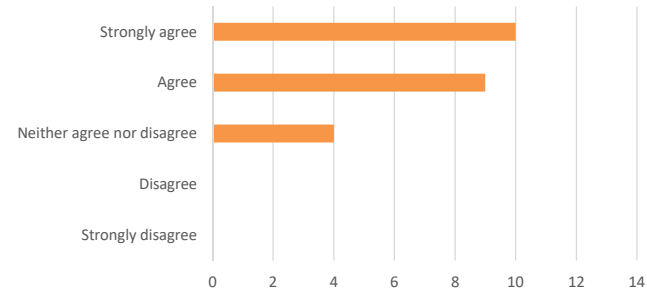
Q6: I PLAN TO USE THE CALL-UP PSYCHIATRIC CONSULTATION SERVICE (801-587-3636).



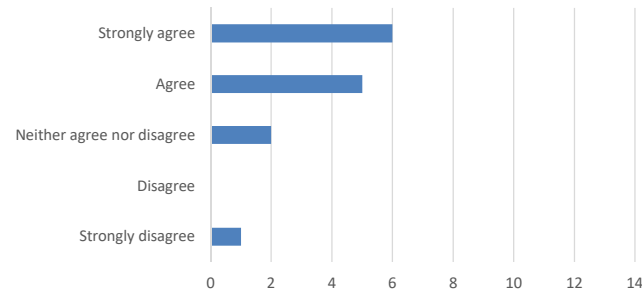
I plan to use the CALL-UP psychiatric consultation service (801-587-3636).



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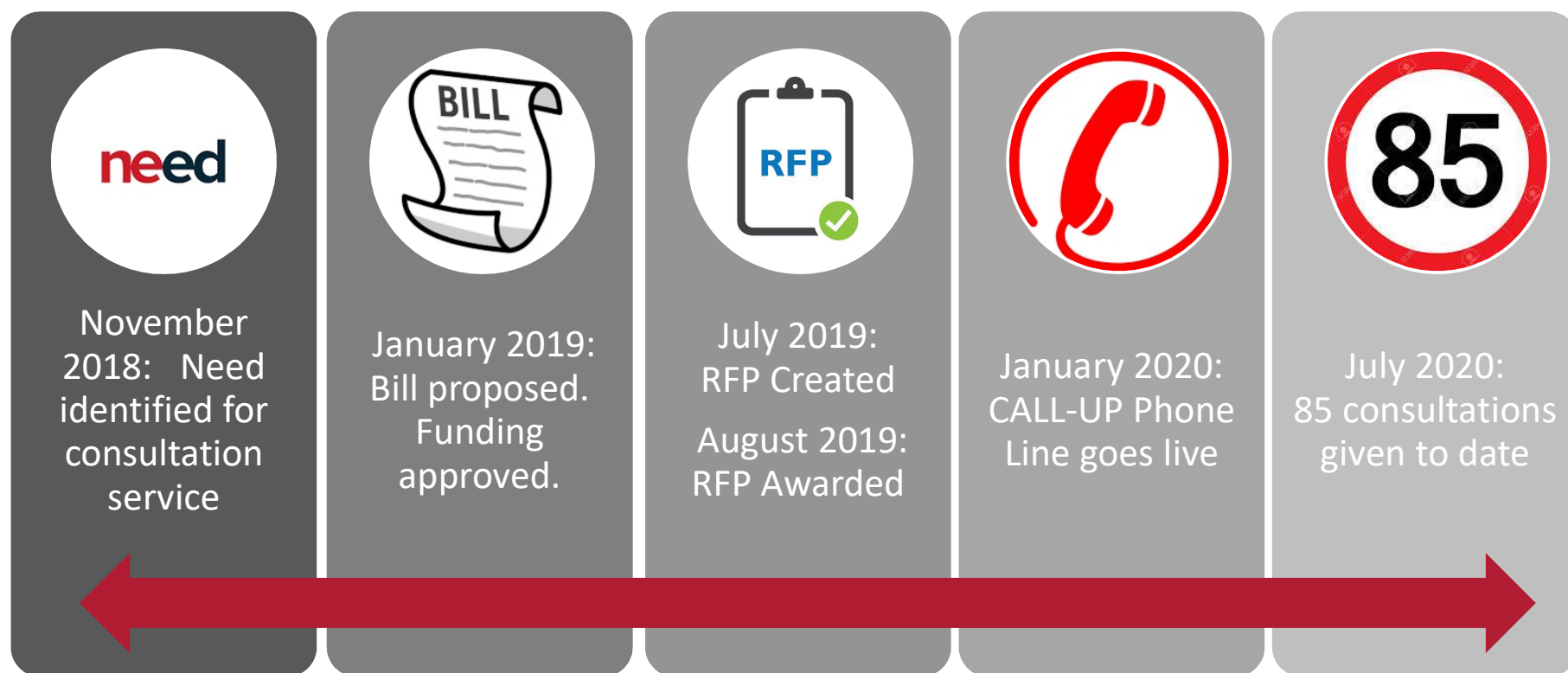


History of CALL-UP



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TIMELINE





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WHO WE ARE

- Core Psychiatrists
 - 12 child and adolescent psychiatrists (M.D.s)
 - Rotating shifts
- Project facilitator
 - Katie Paynter
- Many behind the scenes!

WHAT SERVICES ARE PROVIDED?

- 112 calls:
 - Medication Recommendation
 - 68%
 - Treatment Resources
 - 20%
 - Diagnostic Clarification
 - 6%
 - Other
 - 6%

CONSULT EXAMPLE

Consult Request

Consult Reason - Medication Recommendation

...Treatment Resources

Consultation Session

Session Type - Original Consult

Services Provided - Medication Adjustment

Consultation Notes - Spoke with [REDACTED] grandparents just assumed guardianship due to abuse hx, including sexual abuse. At age 7 she was first treated for depression with Prozac. Now on Zoloft 50mg qd. Did well for 8-9 months, has gotten worse in the past month, more depressed, and more aggressive. Bites herself, left a bruise on her grandmother PHQ-A score was 17. Mostly feels sad, not suicidal. Has trouble falling asleep, takes 1-1.5 hours but then can sleep through the night. She was seen at Southwest behavioral health but hasn't seen a therapist since covid started. Recommended pt. reach out to Southwest behavioral again and see if she could begin therapy virtually. For medications, discussed that kids with anxiety/ trauma hx. often need higher doses of medication. It is a good sign that she responded well to 50mg of sertraline in the past. Would increase this to 75mg qd for two weeks then 100mg qd. Discussed that in a RCT of kids age 7-17, the mean dose needed was around 140mg qd to treat GAD. Also would consider starting guanfacine for activation/trauma sxes./ aggression. 0.25mg bid for one week then 0.5mg bid. Could consider clonidine if pt. has side effects or no improvement. Asked [REDACTED] to call back if no improvement in 4-6 weeks to discuss again.

Consultation Outcome - Referral to Therapy

...Continued treatment in primary care clinic

CONSULT EXAMPLE

Consult Request

Consult Reason - Medication Recommendation

Consultation Session

Session Type - Original Consult

Services Provided - Medication Adjustment

Consultation Notes - Pt is a 17 y/o female who started Citalopram 20mg for anxiety, after 4 days pt. developed clonus and jerking. She has OCD- like sxs and contamination fears. She stopped the medication and physician is not sure if the side effects resolved. (last spoke with her 6/26) She is having a lot of sleep problems. She is seeing a therapist. Advised that side effects to SSRIs are more common in patients with anxiety, and although clonus is not very common, the SSRIs have different side effect profiles and side effects to one does not necessarily predict side effects to another. I advised starting Zoloft and starting the dose very low, 12.5mg qd and increasing in 12.5mg weekly increments to an initial target of 75-100mg qd. If the pt. and parent absolutely do not want to undergo another SSRI trial, consider buspirone starting 7.5mg bid, increasing as tolerated to max of 30mg bid. This may be effective but is often more effective in combination with other medications. If sleep is a major concern, consider trazodone 25-100mg qhs as helping sleep could help mood/anxiety significantly.

Consultation Outcome - Continued treatment in primary care clinic

COMMUNITY OUTREACH

- Utah Academy of Family Physicians (UAFP) Conference
 - February 2020
- In-person outreach to Utah Navajo Health System
 - March 2020



COVID-19 LIMITATIONS

- CALL-UP go-live date January 6th
- Fewer PCP visits starting mid-March
- No travel = less outreach and marketing, no conference advertising

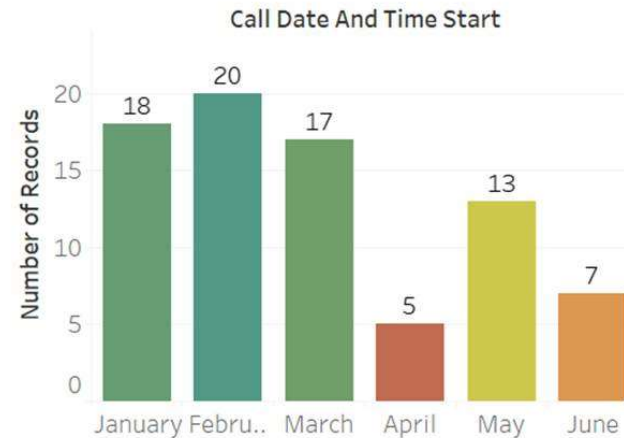
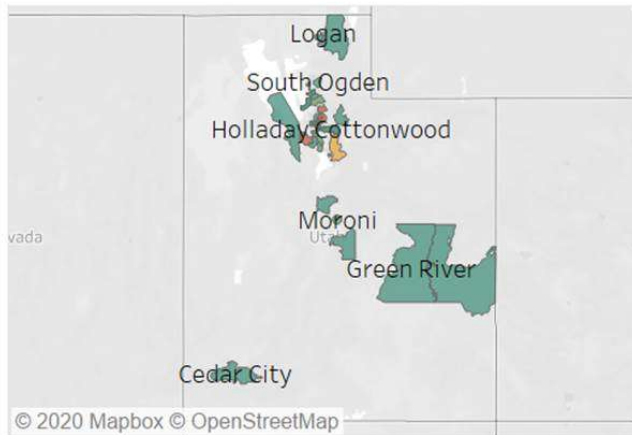


Current Statistics



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CALL-UP Dashboard



Top Consult Reasons

Medication Recommendation	53
Support for diagnostic criteria/differential diagnosis	8
Medication Recommendation; Support for diagnostic criteria/differential diagnosis	4
Treatment Resources	4
Medication Recommendation; Treatment Resources	5

Overall Calls to Date
112

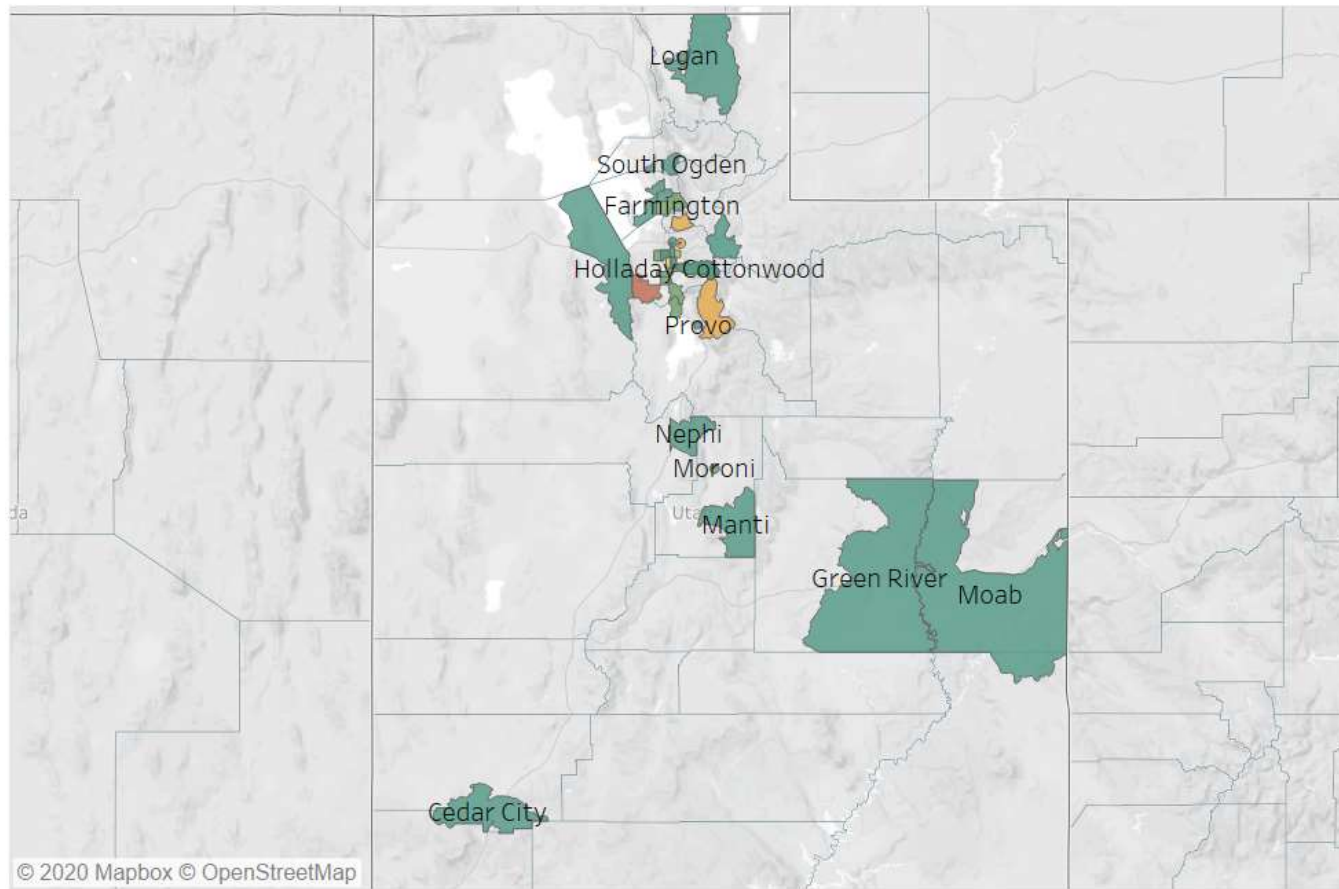
Overall Consults to Date
85

Top Services Provided

Medication Adjustment	40
Medication Adjustment; Treatment Planning	14
Diagnostic Clarification; Medication Adjustment	5
Treatment Planning	3



Counties



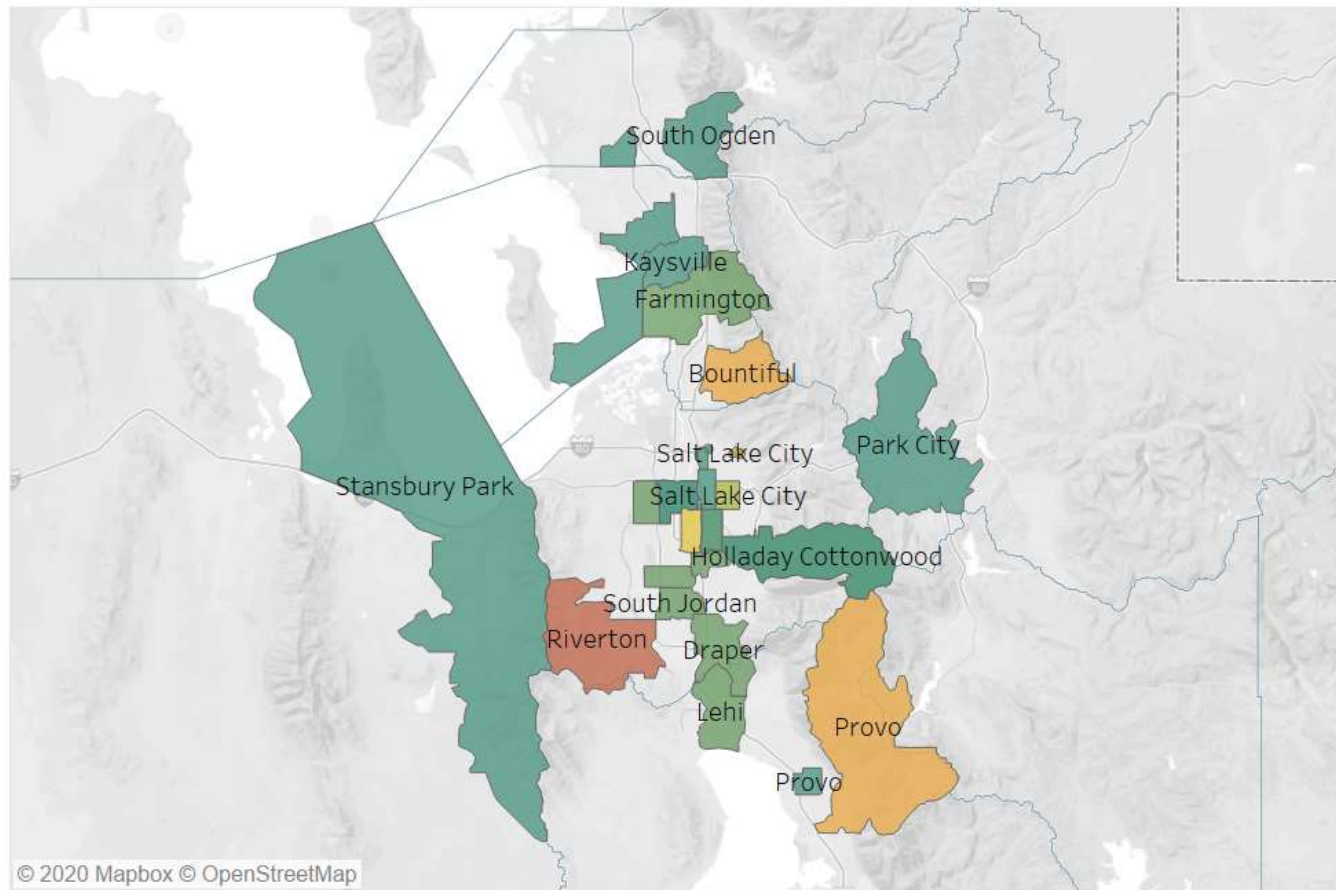
Count of Number of Records

1



6

Highest Call Concentration



Count of Number of Records

